

TIM OTHY P. MURRAY LIEUTENANT GOVERNOR

COMMONWEALTH OF MASSACHUSETTS OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION

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GREGORY BIALECKI
SECRETARY OF HOUSING AND ECONOMIC
DEVELOPMENT

BARBARA ANTHONY UNDERSECRETARY

Request For Supplementary HIC Cards

It is recognized that some construction firms may have a need for additional identification card(s) for officers, partners, or other key employees as means of identification in dealing with building officials, potential customers, and the like. Additional ID cards will be issued upon proper completion and submission of this form along with a \$10 fee for each additional card requested (CERTIFIED CHECK OR MONEY ORDER). The registration number will be the same as the original applicant registration number, and the ID card will list the name of the applicant and the name of the individual to whom it is issued. The address of the individual should be the address at which the person is based (i.e., a branch office, main office, or home address). Cards will be issued only to officers, partners, or employees of the registration. THE REGISTRATION AND THE NAME OF THE RESPONSIBLE INDIVIDUAL WILL STILL HAVE THE JOINT AND SEVERAL LIABILITY FOR WORK CONDUCTED AS NOTED IN MGL c. 142A AND 780 CMR R6, AND WILL BE RESPONSIBLE FOR THE WORK OF THE INDIVIDUALS ISSUED A SUPPLEMENTARY CARD. THE HOLDERS OF THE SUPPLEMENTARY CARDS WILL NOT BY REASON OF BEING ISSUED SUCH A CARD ASSUME SUCH LIABILITY. THESE CARDS ARE ISSUED AS A CONVENIENCE TO THE REGISTRANT.

Additional Home In PLEASE TYPE OR	nprovement Contractor identific PRINT LEGIBLY	cation cards are requested f	or the followin	g individuals:	
NAME	TITLE	ADDRESS		SOCIALSE	CURITY#
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					_
					_
HOME IMPROVEM be completely respon	ne issuance of supplementary ca IENT CONTRACTOR REGIST asible for the work of the individual(s) with the registrant chan	RATION IN THE CAPACI uals, and will be responsible	ΓΙΕS NOTED.	I understand that the	registrant will
SIGNED U	NDER THE PENALTIES OF	PERJURY:			
Registration	/Business Name:				
Registration	Number:				
By:	thorized signature of the registra				
Au	thorized signature of the registra	nt 7	Title	Date	
	Please return this form along with	the appropriate fees (\$10.00 P	ER CARD) to the	e address above.	
		For Official U	se Only:		

Registration Number:

Processed By:

Data:	
Date	